



## Access+ Program Enrollment Form

Centenary University – Accessibility Services Office (ASO)

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### Student Information

**Full Name:** \_\_\_\_\_

**Centenary Student ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Preferred Pronouns and Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Academic Year Enrolling:** \_\_\_\_\_

**Expected Graduation Year:** \_\_\_\_\_

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### Program Overview (Acknowledgement)

The **Access+ Program**, offered through the **Accessibility Services Office (ASO)**, is open to all Centenary University students and provides enhanced, structured support to promote academic success, personal growth, and community connection.

By enrolling, students will receive access to the following:

**Access+ Services:** Support through the Accessibility Services Office

**Exclusive Tutoring:** Professional tutoring hours reserved for Access+ students

**Individualized Support:** Weekly meetings with a dedicated Student Success Specialist

**Social Connection:** Participation in the *Bridges* social group for Access+ students

**Overall Focus:** Customized academic and personal support tailored to student needs



*I have read and understand the purpose and structure of the Access+ Program.*

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## Accessibility Services Status

**Are you currently registered with the Accessibility Services Office (ASO)?**

Yes  No  In Progress

If not registered, ASO staff will contact you regarding next steps.

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## Support Areas of Interest

*(Check all that apply)*

- Academic organization & time management
- Executive functioning support
- Tutoring & academic skill-building
- Transition to college support
- Social connection & community engagement
- Self-advocacy & communication skills
- Other: \_\_\_\_\_

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## Program Fee & Financial Acknowledgement

The **Access+ Program fee is \$1,700** per academic semester.

*This fee is subject to change.*

*I understand that participation in the Access+ Program requires payment of the stated program fee and that fees are subject to change.*

**Billing Contact (if different from student):** \_\_\_\_\_

**Billing Email/Phone:** \_\_\_\_\_

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## Student Agreement

By signing below, I acknowledge that I am voluntarily enrolling in the Access+ Program at Centenary University. I understand the scope of services provided, the expectations for participation, and the associated program fee.



**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Parent/Guardian Acknowledgement (if applicable)

**Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Office Use Only

**Date Received:** \_\_\_\_\_

**ASO Representative:** \_\_\_\_\_

**Enrollment Status:**  Accepted  Pending  Waitlisted

**Notes:** \_\_\_\_\_

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### Submit completed forms to:

**[AccessibilityServices@CentenaryUniversity.edu](mailto:AccessibilityServices@CentenaryUniversity.edu)**

Accessibility Services Office (ASO): 908-852-1400x 2584

Centenary University